

FROM TREXLER ET AL.

(WED) 11.17' 04 16:45/ST. 16:44/NO. 4860347283 P 1

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TOTAL PAGES (Including Cover Page) 16 DATE: November 17, 2004

Commissioner for Patents
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NOTES:

Inventors: David Raistrick et al.

For: Apparatus and Method for Information
Challenged Persons to Determine
Information Regarding Pharmaceutical
Container Labels

Art Unit: 2876

Serial No.: 09/761,935

Filed: January 17, 2001

Attorney Ref.: 1766/39027/1A-CIP

CERTIFICATION OF FACSIMILE TRANSMISSION

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FROM TREXLER ETAL.

(WED) 11. 17' 04 16:45/ST. 16:44/NO. 4860347283 P 2

FORM PTO-1083

Attorney Docket No. 1766/39027/IA-CIP

In re application of: Raistrick et al.

Serial No.: 09/761,935

Filed: January 17, 2001

Art Unit: 2876

For:
**APPARATUS AND METHOD FOR
 INFORMATION CHALLENGED PERSONS
 TO DETERMINE INFORMATION REGARDING
 PHARMACEUTICAL CONTAINER LABELS**

BOX: AMENDMENT- NON FEE
 COMMISSIONER FOR PATENTS
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment Pursuant to 37 C.F.R. § 1.312.

The filing fee has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)
	Claims Remaining After Amendment	Highest No. Previously Paid for
TOTAL * 46	MINUS ** 84	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM		

SMALL ENTITY	
Rate	Addit. Fee
* 9 =	\$.00
* 44 =	\$.00
* 150 =	\$.00
TOTAL ADDIT. FEE	\$ 86.00

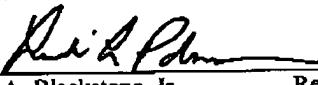
OTHER THAN A SMALL ENTITY	
OR	
Rate	Addit. Fee
* 18 =	\$.00
* 88 =	\$.00
* 300 =	\$.00
OR	
TOTAL	\$.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Please charge my Deposit Account No. 20-1495 in the amount of \$ _____ . A duplicate copy of this sheet is enclosed.
- A check in the amount of \$ _____ to cover the filing fee is also enclosed.
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 20-1495. A duplicate copy of this sheet is enclosed.
 - Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
 - Any patent application processing fees under 37 CFR 1.17

Dated: November 17, 2004



Raiford A. Blackstone, Jr.	Reg. No. 25,156
Linda L. Palomar	Reg. No. 37,903
Attorneys of Record	

FROM TREXLER ET AL.

(WED) 11.17' 04 16:46/ST. 16:44/NO. 4860347283 P 3

FORM PTO-103

Attorney Docket No. 1766/39027/1A-CIP

In re application of: Raistrick et al.

Serial No.: 09/761,935

Filed: January 17, 2001

Art Unit: 2876

For:
**APPARATUS AND METHOD FOR
INFORMATION CHALLENGED PERSONS
TO DETERMINE INFORMATION REGARDING
PHARMACEUTICAL CONTAINER LABELS**

BOX: AMENDMENT- NON FEE
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment Pursuant to 37 C.F.R. § 1.312.

The filing fee has been calculated as shown below:

	(Col. 1)	(Col. 2)	(Col. 3)
	Claims Remaining After Amendment	Highest No. Previously Paid for	Present Extra
TOTAL	* 46	MINUS ** 84	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM			

SMALL ENTITY	
Rate	Addit. Fee
x 9 =	\$.00
x 44 =	\$.00
+ 150 =	\$.00
TOTAL ADDIT. FEE	\$ 86.00

OTHER THAN A SMALL ENTITY	
OR	
Rate	Addit. Fee
x 18 =	\$.00
x 88 =	\$.00
+ 300 =	\$.00
OR	
TOTAL	\$.00

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

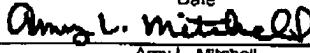
- Please charge my Deposit Account No. 20-1495 in the amount of \$_____ A duplicate copy of this sheet is enclosed.
- A check in the amount of \$_____ to cover the filing fee is also enclosed.
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- Any filing fees required under 37 CFR 1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 CFR 1.17

Dated: November 17, 2004


Raford A. Blackstone, Jr. Reg. No. 25,156
Linda L. Palomar Reg. No. 37,903
Attorneys of Record

IN THE UNITED STATES
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NOV 17 2004

Serial No. 09/761,935)
Filed: January 17, 2001)
For: APPARATUS AND METHOD FOR)
INFORMATION CHALLENGED)
PERSONS TO DETERMINE)
INFORMATION REGARDING)
PHARMACEUTICAL CONTAINER)
LABELS)
Inventors: RAISTRICK and)
RAISTRICK)
Examiner: L.E.)
Art Unit: 2876)
Attorney Docket No.:)
1766/39027/1A-CIP)

CERTIFICATION OF FACSIMILE TRANSMISSION	
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November 17, 2004	
 Amy L. Mitchell	
Date	Amy L. Mitchell

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In accordance with 37 C.F.R. §1.312, Applicant kindly requests that the above-designated application be amended as follows: